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TRAUMA MEDICAL REVIEW COMMITTEE  
COMMITTEE MEETING

December 20, 2006  
Richard M. Flynn Fire Academy  
Concord, New Hampshire

**Members Present:** John Sutton, MD, Sharon Phillips, RN Heather Page, Cherie Holmes MD, John DeSilva, Rosie Swain, Nick Mercuri, RN, EMT

**Guests:** Sue Barnard, RN, Nancy Guy, RN, Richard Ciampa, RN, Sarah Greer, MD, Patt Sampson, RN, Chandra Engelbert, RN,

**Bureau Staff:** Clay Odell, EMT, RN

**I. Call to Order**

The meeting of the Trauma Medical Review Committee was called to order by Dr. Sutton at 9:30 am on Wednesday December 20, 2006 at the Richard M. Flynn Fire Academy in Concord, NH.

**Item 1. Introductions:** Attendees went around the table and introduced themselves.

**Item 2. Minutes.** The minutes from the October 25, 2006 meeting were approved as submitted.

**IV. Committee Discussion Items**

**Item 1. Renewal and Hospital Updates** Clay reported that there has been a change in leadership in the ED at Androscoggin Valley Hospital. Clay plans on meeting with the trauma leadership about their application for Level III assignment, and that order of business will likely be brought up for consideration at February 2007 TMRC meeting.

The Memorial Hospital indicated that their renewal application would be submitted within the next couple of weeks. Clay expects that that application will also be reviewed at the February meeting.

**Item 2. Air Medical Transport Utilization Review** Clay gave a PowerPoint presentation detailing the results of the AMT UR. The AMT UR subcommittee reviewed all flight records of patients transported from a trauma scene in NH from July 1, 2005 to June 30, 2006. 122 flights were studied. The subcommittee classified the patients transported into three categories based on the documentation in

the flight record: First - those that appeared to meet the NH AMT protocol, Second - those that did not meet the NH AMT protocol, but had significant injury that would have been acceptable in a number of commonly recognized inclusion criteria, and Third – those whose condition would generally not warrant AMT. 55 patients met the NH protocol, which reflects 45% or 55% overtriage. 26 patients met a more liberal set of criteria, but were judged appropriate patients by the members of the subcommittee. 41 patients were considered to have met no protocol's criteria. This last reflects a 34% overtriage rate. Generally accepted overtriage rate in trauma systems are 35 – 50%.

The AMT UR subcommittee concluded that there was room for improvement in the protocol in both adding some conditions not currently in the protocol and in clarifying some issues regarding traumatic brain injury criteria. The members further concluded that the new AMT protocol has not resulted in unreasonable overuse of AMT scene response. For copies of the report contact Clay at [codell@safety.state.nh.us](mailto:codell@safety.state.nh.us).

**Item 3. NH Bureau of EMS Report** Due to time considerations Clay referred attention to the written NHBEMS report that was distributed at the meeting. He would be happy to address any questions or concerns about items in that report.

**Item 3. Interfacility Transport Task Force** The IFT Task Force is continuing to work on data collection. North Country hospitals began collecting data on December 1<sup>st</sup> and will continue to do so until February 28, 2007. The task force continues to meet monthly and is defining work projects for the coming year.

**Item 4. Trauma Team Training Project** Clay reports that the project is still moving along. He is creating trauma scenarios for the manikin with Dartmouth's help. Weeks Medical Center, a Level III trauma hospital in Lancaster has agreed to be a beta-test site and is very enthusiastic about the project. Clay anticipates conducting a course there in mid-January.

Dr. Sutton discussed a conversation he had with members of the American College of Surgeons who have been working on the Rural Trauma Team Development Course (RTTDC). There was some interest on their part to see if NH wants to test out the RTTDC with the SimMan training as a component.

**Item 5. 2006 Trauma Conference** Clay gave follow-up of the conference. Copies of the summary of the evaluation sheets were distributed to the group. The conference was very well received this year. We had a total of 92 people who attended. Clay said that we would convene a planning committee for the 2007 conference after the February meeting.

### III Old Business

**Item 1. Revision of NH Trauma Plan** Clay presented a draft outline of the project to revise the NH Trauma Plan. He also distributed copies of a workbook for

members to refer to during the project. Clay also distributed an updated copy of the hospital clinical standards. He said another part of the process will be to review the newly revised ACS publication "Optimal Resources for the Care of the Injured Patient". He will have copies of that material at the next meeting.

Clay discussed the main categories of Introduction, Administrative Components, Clinical Components, and an appendix, and made suggestions about where subcategories would go. He emphasized that this draft was a "straw man" that members could start with, but did not necessarily reflect the finished product.

John Sutton brought up the topic of a resource that Sarah Greer had brought to his attention, called Clinical Microsystems, which is a healthcare quality improvement initiative by Dartmouth Medical School. While it is not immediately clear if that concept can translate to the NH Trauma System, it is something for the group to consider. Information on the program may be found at <http://www.clinicalmicrosystem.org/> and Clay will try to get some information together for the next meeting

Some items that were discussed were the input of the trauma nurse coordinators group into the process. It was also suggested that the hospital CEO's be sent a letter making them aware that the revision project was going on and advising them - if they have representation already – who their representative is or inviting a representative to participate if they don't.

A suggestion was made to use evidence-based criteria as much as possible. Although that is a laudable goal, the difficulties we face are the very limited body of trauma systems research, and the lack of expertise within the Division to evaluate the research based on classification and levels of evidence (Class I, IIa, IIb and III, and A, B, & C levels of evidence).

The consensus of the group was that between now and the February meeting members would read the materials and note recommendations, corrections, etc. Clay will draft an introduction section for the group's review at the February meeting, and the group will discuss the Administrative Components section.

#### **IV. New Business**

None

#### **V. Public Comment**

Clay said that many of the Trauma Medical Review Committee member's terms expire in 2006. He will be in contact with the individuals and advise them what steps need to be taken to be reappointed to the committee.

## **VI. Adjournment**

Dr. Sutton adjourned the meeting at 11:30. He advised the group that the next scheduled meeting of the Trauma Medical Review Committee would be February 21, 2007 at 9:30 a.m. at the Richard M. Flynn Fire Academy.

**Respectfully submitted:**

**Clay Odell, EMTP, RN  
Trauma Coordinator**